



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

**\*BIBDATASHEET\*****CONFIRMATION NO. 9065**

Bib Data Sheet

|  |   |                               |  |   |                            |
|--|---|-------------------------------|--|---|----------------------------|
| SERIAL NUMBER<br>10/717,673  | FILING DATE<br>11/21/2003<br><br>RULE   | CLASS<br>345                  | GROUP ART UNIT<br>2676   | ATTORNEY<br>DOCKET NO.<br>245519US41X DIV |                            |
| <b>APPLICANTS</b><br><br>Pierre Coldefy, Toulouse, FRANCE;<br><br>Fabien Fetzmann, Toulouse, FRANCE;<br>Frederic Lemoult, Toulouse, FRANCE;<br><br><b>** CONTINUING DATA *****</b><br>This application is a DIV of 10/214,391 08/08/2002 <i>ml</i><br><br><b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02 03473 03/20/2002 <i>ml</i><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/10/2004</b> |   |                               |  |   |                            |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature <i>[Initials]</i>   |   | STATE OR<br>COUNTRY<br>FRANCE | SHEETS<br>DRAWING<br>3   | TOTAL<br>CLAIMS<br>17                     | INDEPENDENT<br>CLAIMS<br>2 |
| <b>ADDRESS</b><br>22850<br>OBLON, SPIVAK, MCCLELLAND, MAIER & NEUSTADT, P.C.<br>1940 DUKE STREET<br>ALEXANDRIA, VA<br>22314  |   |                               |  |   |                            |
| <b>TITLE</b><br>Airport display method including changing zoom scales  |   |                               |  |   |                            |
| FILING FEE   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |   |                            |